



Volunteer Program

Application & Information

Please print all information clearly in ink.



MILPITAS VOLUNTEER PARTNERS

Completion of the volunteer program application does not guarantee placement or engagement as a City of Milpitas volunteer program participant. Qualified volunteer applicants are considered without regard to race, color, religion, sex, national origin, age, marital status, non-job related medical condition or disability. **Return to: Milpitas Recreation Services, Attn: Volunteer Coordinator, 457 E. Calaveras Blvd, Milpitas, CA 95035.** For more information please call (408) 586-3210.

Choose one: ☐ Miss ☐ Ms. ☐ Mrs. ☐ Mr.

I prefer to be called by the name: _____

Full Name: _____

Date of Birth (m/d/y): _____

Address: _____

City: _____ Zip Code: _____

Daytime Phone: (_____) _____

Evening Phone: (_____) _____

Email Address: _____

Driver's License No.: _____

Emergency Contact Name: _____

Relationship: _____

Address: _____

City: _____ Zip Code: _____

Daytime Phone: (_____) _____

Evening Phone: (_____) _____

Availability & Assignment Request

How often would you like to volunteer? _____

Please list times and days you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times available:	_____	_____	_____	_____	_____	_____	_____

Check all areas of interest:	<input type="checkbox"/> Administrative Services	<input type="checkbox"/> Financial Services	<input type="checkbox"/> Fire Department
<input type="checkbox"/> Community Development	<input type="checkbox"/> Police Department	<input type="checkbox"/> Public Works	<input type="checkbox"/> Recreation
<input type="checkbox"/> Youth/Teen Programs	<input type="checkbox"/> Special Events	<input type="checkbox"/> Cultural Arts	<input type="checkbox"/> Sports/Fitness
<input type="checkbox"/> Senior Citizens Programs	<input type="checkbox"/> Environment/Recycling	<input type="checkbox"/> Planning/Engineering	<input type="checkbox"/> Clerical Support
<input type="checkbox"/> Foreign Language/Translating	<input type="checkbox"/> Reception/Greeter	<input type="checkbox"/> Education/Training	<input type="checkbox"/> Marketing/Promotions
<input type="checkbox"/> Print Shop/Mail Processing	<input type="checkbox"/> Park Clean-up/Graffiti	<input type="checkbox"/> Other: _____	

Volunteer assignment preference (optional): _____

Have you ever been convicted of a felony or misdemeanor (not including traffic citations)? ☐ Yes ☐ No
If "yes", please explain. A "yes" answer to this question is not an automatic bar to acceptance into the MVP Program.

DO NOT SIGN THIS DOCUMENT BEFORE YOU READ IT AS IT CONTAINS A WAIVER AND RELEASE OF LIABILITY TO WHICH YOU WILL BE BOUND

I hereby give Milpitas Volunteer Services permission to request and obtain data pertinent to my volunteering at City of Milpitas programs for the individual named herein, and the California State Department of Justice if necessary. I also release from all liability or responsibility all persons and institutions supplying information. I certify that all statements made in this application are true and correct to the best of my knowledge, and I agree and understand that if I am accepted into the Milpitas Volunteer Partners program, any false statements may result in my dismissal.

I the undersigned do hereby agree to allow the individual named herein to participate in the Milpitas Volunteer Partners program and I further agree to indemnify and hold the City of Milpitas, its employees and contractors, harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of or in any way connected with his/her participation in this program. I also agree to grant full permission to the City of Milpitas to use my name and any photographs, videographs, motion pictures or recordings for any publicity and promotion purposes without obligation or liability to me. **I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND I FULLY UNDERSTAND THAT, BY SIGNING BELOW, I AM WAIVING ANY RIGHT THAT I MAY HAVE TO BRING A LEGAL ACTION OR TO ASSERT A CLAIM AGAINST THE CITY OF MILPITAS FOR NEGLIGENCE.**

Signature of Applicant: _____ Date: _____

Signature of Parent/Legal Guardian (if under 18): _____ Date: _____

Print Name of Parent/Legal Guardian: _____

Interests and Special Skills

Interests and hobbies you would like to share: _____

Special skills you would like to share: _____

Foreign or other languages spoken fluently: _____

Are you volunteering with an organization or special program (i.e. schools, scouts, court-assigned service, etc.)? _____

Related Experience

Education

Name of School	Dates Attended	Degree/Diploma	Major Course of Study

Work/Volunteer Experience

Employer/Agency	Phone Number	Position	Date: (From/To)	Voluntary or Paid?

Do you currently hold any special certificates, licenses, or registrations (CPR, First Aid, etc.)? Please list: _____

References

Provide two adult references who are familiar with your academic, professional or volunteer service. Do not list relatives:

1. Name: : _____ Relationship/Occupation: _____

Address: _____

Day Phone: () _____ Evening Phone: () _____

2. Name: : _____ Relationship/Occupation: : _____

Address: _____

Day Phone: () _____ Evening Phone: () _____

Volunteer Services Use Only

Notes: _____

Action/Placement: _____

[illegible]

Date _____